

QUARTER:

1st--Oct, Nov, Dec \_\_\_\_\_

2nd--Jan, Feb, Mar \_\_\_\_\_

3rd--Apr, May, Jun \_\_\_\_\_

4th--Jul, Aug, Sep \_\_\_\_\_

Liquidation \_\_\_\_\_

# California State Library

## Library Services and Technology Act

LSTA Grant Award I.D.: \_\_\_\_\_

Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fiscal Agent: \_\_\_\_\_

Prepared by (Signature): \_\_\_\_\_

Send THREE COPIES of this report (one with an original signature) to:

**California State Library**  
**Budget Office – LSTA**  
**P.O. Box 942837**  
**Sacramento, CA 94237-0001**

Thank you.

-----QUARTERS-----						Total Expended/ Encumbered (6)	Outstanding Encumbrances close of 4 <sup>th</sup> Quarter (7)	Liquidation of Outstanding Project End Encumbrances (8)	Unexpended/ Unencumbered Balance (9)
Approved Budget (1)	1 <sup>st</sup> (2)	2 <sup>nd</sup> (3)	3 <sup>rd</sup> (4)	4th (5)					
a.	_____	_____	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____	_____	_____	_____
a. Salaries and benefits						d. Equipment			
b. Materials						e. Indirect Costs			
c. Operating expenses						f. TOTAL			

\*Note that failure to submit these reports within the timelines of the grant program could jeopardize receipt of final 10% grant payment.

Any budget adjustments or modifications must be shown on LSTA 8 page 2.

If there are no changes to the current budget, page 2 need not be returned.

**California State Library**  
Library Services and Technology Act

Show approved budget modifications on this page
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Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Grant Award I.D.: \_\_\_\_\_ Approval Date of modification: \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>BUDGET CATEGORY</u>	<u>PREVIOUS BUDGET</u>	<u>BUDGET ADJUSTMENT</u>	<u>CURRENT BUDGET</u>
Salaries & Benefits	_____	_____	_____
Materials	_____	_____	_____
Operating Expenses	_____	_____	_____
Equipment	_____	_____	_____
Indirect Costs	_____	_____	_____
TOTAL	_____		_____

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